



KNOX COUNTY DISTRICT ATTORNEY GENERAL INTERNSHIP PROGRAM APPLICATION



Full Name:	Law School & Grad Date:
Application Term (Spring/Summer/Fall):	Seeking Academic Credit or Pay:

Street Address

City, State, Zip

Phone Number

Email

SSN # & DOB

INSTRUCTIONS

Type or print in ink this application in its entirety

Specify the position for which you are applying

Sign your name in the Certification Section

All information you submit is subject to verification

Notify if requiring special accommodations for this process

US Citizen: Y: ___ N: ___

Tennessee Resident: Y: ___ N: ___

Veteran or Active Service: Y: ___ N: ___

Current Student: Y: ___ N: ___

Previous State Employee: Y: ___ N: ___

Previous County Employee: Y: ___ N: ___

Schools Attended	Name and Location of School	Degree	Major/Minor
High School			
College or University			
College or University			
College or University			

Special Qualifications

List active professional and technical licenses, certifications, and academic/professional awards

License, Certification, or Award	Field, Specialization, or Nature of Award	School or Organization

Criminal Law Classes

List active or previous Criminal Law classes taken in Law School

Class & Year	Remarks on This Class

Have You Ever Been Charged with a Crime? (Other than Minor Traffic Violations)

Charge / Disposition	Year / City & State / Notes



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Current or Most Recent *Legal* Position

Business Name		Supervisor's Name	
Business Location		Supervisor's Phone Number	
Full Time or Part Time		Date Started (Month/Year)	
Regular, Contract, or Temp.		Date Ended (Month/Year)	
Your Job/Working Title		Paid/Unpaid	Hours/Week
Description of Job Duties (Below)		Reason for Leaving	

Former *Legal* Position

Business Name		Supervisor's Name	
Business Location		Supervisor's Phone Number	
Full Time or Part Time		Date Started (Month/Year)	
Regular, Contract, or Temp.		Date Ended (Month/Year)	
Your Job/Working Title		Paid/Unpaid	Hours/Week
Description of Job Duties (Below)		Reason for Leaving	

Former *Legal* Position

Business Name		Supervisor's Name	
Business Location		Supervisor's Phone Number	
Full Time or Part Time		Date Started (Month/Year)	
Regular, Contract, or Temp.		Date Ended (Month/Year)	
Your Job/Working Title		Paid/Unpaid	Hours/Week
Description of Job Duties (Below)		Reason for Leaving	

I hereby certify that all information provided by me on this application is ACCURATE AND COMPLETE to the best of my knowledge. I understand that any false or incomplete information furnished by me, or failure to disclose requested information, may result in the rejection of this application, may make me no longer eligible for consideration for employment or may result in my dismissal after my employment. I authorize this office to investigate any statement contained in this employment application and release former employers and reference contacts from any and all liability on account of furnishing such information to this office. I further understand that, if considered for this position, this office will conduct criminal and/or driving record checks. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this office and myself.

SIGNATURE _____

DATE _____